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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								A	Application or Docket Number 10/538,612			ing Date 10/2005	To be Mailed
APPLICATION AS FILED — PART I (Column 1) (Column 2)									SMALL ENTITY				HER THAN ALL ENTITY
	FOR		NUMBER FILED		.ED	NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A			N/A			N/A			N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A				N/A		N/A			N/A	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A			N/A			N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		*			x \$ =		OR	x \$ =		
	EPENDENT CLAIM CFR 1.16(h))	1S	minus 3 =		*			x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	E FEE	If the specification and dr sheets of paper, the appli is \$250 (\$125 for small er additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and				plication size fee due entity) for each fraction thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL		•	TOTAL	
APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)									SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	03/28/2008	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 8		Minus	** 20		= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	* 2	1	Minus	***3		= 0		x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))												
,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIM REMAINI AFTEF AMENDM	ING R		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*		Minus	**		=		x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))	*		Minus	***		=		x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
** If	the entry in column the "Highest Numb f the "Highest Numl "Highest Number F	er Previously ber Previousl	y Paid Fo ly Paid F	or" IN TH or" IN TI	IIS SPAC HIS SPAC	E is less CE is less	than 20, enter "20" than 3, enter "3".		/BRENI	nstrument Ex DA HINES/ priate box in colu		er:	

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